G U I D E F O R R E G I S T E R I N G D E A T H S

MANITOBA VITAL STATISTICS

AUGUST 29, 1991

92-01269/

INTRODUCTION

Keeping track of its people is a key way in which a province records its history.

Baby booms, marriage trends and outbreaks of disease or epidemics can all be traced if these events are recorded.

Vital Statistics is responsible for registering all births, marriages, deaths and stillbirths. This information is gathered through registration forms which Manitobans are required to complete.

The Province's registration forms are constantly being updated in an effort to make them operationally more efficient and more easily understood. However these forms can still be confusing, both for the person submitting the registration as well as for the person gathering this valuable information on behalf of the government.

Material contained in this guide, including the various forms, is authorized under The Vital Statistics Act (The Act) and the Regulations as may be amended from time to time. In cases where there may be an inconsistency or conflict between the guide and The Act and Regulations, The Act and Regulations shall in all cases supersede and govern.

This guide has been prepared to assist persons in the use of the forms. While we have attempted to address any questions you might have, you may request further clarification on any matter in the use of the forms by contacting:

Manitoba Family Services
Vital Statistics
254 Portage Avenue
Winnipeg, Manitoba
R3C OB6

Telephone: (204) 945-4851

GUIDE TO REGISTERING STILLBIRTHS

Every stillbirth in the province shall be registered as provided in this guide.

DEFINITION

The Act defines stillbirth as the complete expulsion or extraction from its mother of a product of conception in which after the expulsion or extraction there is no breathing, beating of the heart, pulsation of the umbilical cord or unmistakable movement of voluntary muscle:

a. where the expulsion or extraction occurs after a pregnancy of at least 20 weeks; or

b. where the product weighs 500 grams or more.

PART I: INITIATE REGISTRATION OF STILLBIRTH (FORM 4A)

Sections 1 to 26 inclusive should be fully completed by the mother or father before the mother is released from the health facility.

Where it is impractical to have the form completed by one of the parents, the District Registrar appointed under The Act is responsible for securing the information from the parents in order to complete Sections 1 to 26 inclusive, on their behalf.

(**NOTE:** The same provisions apply regarding the deceased child's surname and naming of the father as for the Registration of Birth.)

PART II: CAUSE OF DEATH

After Sections 1 to 26 and 27 to 31 have been completed, forward Part II of the Stillbirth form to the physician, medical examiner or pathologist who will complete the Medical Certificate of Stillbirth portion.

Any stillbirth resulting from violence, (e.g. a motor vehicle accident or an assault), or ingestion of a toxic substance must be reported to a medical examiner or investigator. In these cases, the medical examiner is responsible for completing the Medical Certificate of Stillbirth.

The physician should be instructed to return the completed form to the District Registrar.

PART III: DISPOSITION OF FETUS

1. When the health facility or parent is to take charge of disposition, the District Registrar should proceed as follows:

   a. complete Sections 27 to 31 inclusive on the Registration of Stillbirth form;

   b. prepare the burial permit;

   c. complete the Certification of District Registrar portion located at the bottom of the form;

   d. make a photocopy of the completed form (Parts I and II) for your medical records; and

   e. mail the original form to Vital Statistics.

2. When a professional funeral director is to take charge of disposition, the District Registrar should proceed as follows:

   a. make a photocopy of the completed Part I and Part II for your medical records; and

   b. give the Registration of Stillbirth form, with Sections 1 to 31 completed, to the funeral director.

Should any situation arise where additional information regarding this procedure is required, please contact:

Manitoba Family Services
Vital Statistics
254 Portage Avenue
Winnipeg, Manitoba
R3C 0B6

Telephone: 945-4851

Registration of Stillbirth
Bulletin d'enregistrement de mortinaissance

Manitoba Family Services Vital Statistics / Services à la famille Manitoba Etat civil

REGISTRATION Nº /Nº D'ENREGISTREMENT

NAME OF CHILD / NOM DE L'ENFANT

1 SURNAME OF CHILD/NOM DE L'ENFANT: BROWN

M.H.S.C. REGISTRATION Nº /Nº D'ENREG. DE LA C.S.S.M: 0 9 9 9 9 9

ALL GIVEN NAMES (in full)/PRENOMS (en entier): GAIL

2 SEX OF CHILD/SEXE DE L'ENFANT: ☐ Male/Homme ☒ Female/Femme

DATE OF STILLBIRTH / DATE DE MORTINAISSANCE

3 MONTH/MOIS: JANUARY DAY/JOUR: 2 YEAR/ANNÉE: 19--

4 KIND OF BIRTH/GENRE DE NAISSANCE: ☑ Single/Unique ☐ Twin/Jumeau ☐ Triplet/Triplés

5 If twin, triplet, state whether this child was/S'il s'agit de jumeaux ou de triplés, cet enfant était né le: ☐ 1st/1er ☐ 2nd/2e ☐ 3rd/3e

PLACE OF STILLBIRTH / LIEU DE LA MORTINAISSANCE

6 NAME OF HOSPITAL (If not in hospital, give exact location)/NOM DE L'HÔPITAL (Indiquer le lieu exact de la mortinaissance si elle ne survient pas dans un hôpital): ST. ANDREWS HOSPITAL

CITY, TOWN, VILLAGE, RURAL municipality/VILLE, VILLAGE, MUNICIPALITÉ RURALE: WINNIPEG

USUAL RESIDENCE OF MOTHER / DOMICILE HABITUEL DE LA MÈRE

7 ADDRESS/ADRESSE: 29 CORBET DRIVE

CITY, TOWN, VILLAGE, RURAL MUNICIPALITY/VILLE, VILLAGE, MUNIC. RURALE: WINNIPEG — PROVINCE: MANITOBA — COUNTRY/PAYS — POSTAL CODE/CODE POSTALE: R2X 0B2

MAILING ADDRESS OF MOTHER / ADRESSE POSTALE DE LA MÈRE

8 MAILING ADDRESS (If different from item 7)/ADRESSE POSTALE (si elle diffère de 7):

OTHER PARTICULARS / AUTRES DÉTAILS

9 DURATION OF PREGNANCY / DURÉE DE LA GROSSESSE: 22 weeks/semaines

10 NUMBER OF CHILDREN BORN TO THIS MOTHER (including this birth) / NOMBRE D'ENFANTS NÉS DE LA MÈRE (y compris cette naissance): NUMBER BORN ALIVE / ENFANTS NÉS VIVANTS: 1; NUMBER STILLBIRTHS / ENFANTS MORT-NÉS: 1

11 WEIGHT OF CHILD AT BIRTH / POIDS DE L'ENFANT À LA NAISSANCE: lbs. 950 grams/g

12 ARE THE PARENTS MARRIED TO EACH OTHER?/LES PARENTS SONT-ILS MARIÉS L'UN À L'AUTRE?: ☑ Yes/Oui If Yes, give date/Si Oui, indiquer la date ☐ No/Non

13 IF PARENTS ARE NOT MARRIED TO EACH OTHER STATE WHETHER MOTHER IS/SI LES PARENTS NE SONT PAS MARIÉS L'UN À L'AUTRE, INDIQUER SI LA MÈRE EST: ☐ Single/Célibataire ☐ Widowed/Veuve ☐ Separated/Séparée ☐ Married/Mariée ☐ Divorced/Divorcée

PARENTS' NAMES / NOMS DE PARENTS

14 SURNAME OF CHILD'S FATHER/PERE NOM DE FAMILLE DU PÈRE DE L'ENFANT	18 MAIDEN SURNAME OF CHILD'S MOTHER/MERE NOM DE JEUNE FILLE DE LA MÈRE DE L'ENFANT
BROWN	SMITH
GIVEN NAMES OF FATHER/PRENOMS DU PERE GLEN	GIVEN NAMES OF MOTHER/PRENOMS DE LA MERE JANICE

PLACE OF BIRTH / LIEU DE NAISSANCE

15 CITY, TOWN, PROVINCE OR COUNTRY/VILLE, PROVINCE OU PAYS	19 CITY, TOWN, PROVINCE OR COUNTRY/VILLE, PROVINCE OU PAYS
ONTARIO	SASKATCHEWAN

DATE OF BIRTH / DATE DE NAISSANCE

16 MONTH/MOIS DAY/JOUR YEAR/ANNÉE	17 AGE/ÂGE	20 MONTH/MOIS DAY/JOUR YEAR/ANNÉE	21 AGE/ÂGE
JANUARY 1, 1966	23	JANUARY 10, 1968	20

ATTENDANT / PERSONNE TRAITEMENT

22 NAME OF ATTENDING PHYSICIAN/NOM DU MÉDECIN TRAITANT: DR. G. SLOAN — PHYSICIAN/MÉDECIN ☑ NURSE/INFIRMIÈRE ☐ OTHER (Specify)/AUTRE (Préciser) ☐

23 ADDRESS/ADRESSE: 26 GLENSTEIN BAY WINNIPEG MAN.

CERTIFICATION OF PARENT OR INFORMANT / ATTESTATION DU PARENT OU DU DÉCLARANT

24 SIGNATURE: x Mrs. G. Brown

25 DATE SIGNED / DATE DE SIGNATURE — MONTH/MOIS DAY/JOUR YEAR/ANNÉE: Jan. 2, 19--

26 RELATIONSHIP (OF INFORMANT TO CHILD) / LIEN DU DÉCLARANT AVEC L'ENFANT: mother

Item 27-31 to be completed by the District Registrar
La registraire de district remplit les cases 27 à 31

DISPOSITION ARRANGEMENTS RELATIFS À LA DÉPOUILLE

27 Burial/Inhumation ☐ Cremation/Incinération ☑ Other (Specify)/Autre (Préciser) ☐

28 DATE OF BURIAL OR DISPOSITION (month, day, year) / DATE D'INHUMATION OU DE TOUT AUTRE ARRANGEMENT (Préciser): JANUARY 3, 19--

29 NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION / NOM ET ADRESSE DU CIMETIÈRE, DU CRÉMATORIUM OU DU LIEU CONVENU: DOWNS FUNERAL HOME

30 BURIAL PERMIT / PERMIS D'INHUMER — ISSUED BY / DÉLIVRÉ PAR — ADDRESS / ADRESSE: DOWNS FUNERAL HOME

31 NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION OF REMAINS / NOM ET ADRESSE DE LA PERSONNE CHARGÉE DE LA DÉPOUILLE: WINNIPEG, MANITOBA

NOTATIONS/NOTES:

CERTIFICATION OF DISTRICT REGISTRAR / ATTESTATION DU REGISTRAIRE DE DISTRICT

Reg. Area Code/Code régional Reg.: DISTRICT REG. NO / Nº D'ENREG. DU DISTRICT: 0 9 9 9

Month/Mois Jan. Day/Jour 2 Year/Année 19-- Signature of District Registrar / Signature du registraire de district: J. Jones

DO NOT WRITE IN SHADED AREAS / NE PAS ÉCRIRE DANS LES SECTIONS GRISÉES
THIS IS A PERMANENT LEGAL RECORD / CECI EST UN ACTE AUTHENTIQUE DÉFINITIF

Form 4A
Formule Nº 4A
MG-1219M (Rev. 88)

1 VITAL STATISTICS/ETAT CIVIL

4 - 02002

DISTRICT REGISTRARS

Under The Act each hospital, personal care home, mental health centre, nursing station and funeral home is responsible for designating some of its staff members as District Registrars. The names of those designated should be reported to Vital Statistics as they are appointed or removed from the roster.

The District Registrars are responsible for ensuring compliance with The Act and are at all times responsible to the Director of Vital Statistics in respect of those matters dealt with by The Act.

All Clergy registered in the province to solemnize marriages also are designated as District Registrars. These persons may be required to complete portions of the Registration of Death form, depending on the place of death or the arrangements made for autopsy or disposition.

Normally, a Registration of Death form will be initiated at the place of death. In the case of death at home, an accident site or remote area (e.g. highway, workplace) where no medical personnel are on the scene, the Registration of Death form will be initiated by the first District Registrar who becomes involved with the pronouncement of death or further transportation arrangements.

In the event that a District Registrar (usually a health facility) receives a request to release a body to a lay funeral director (which is any person other than a funeral director who takes charge of a dead body for the purpose of burial, cremation or other disposition), it is the responsibility of that District Registrar to perform the duties of a funeral director by:

a. completing Part I of the Registration of Death form in full and forwarding it directly to Vital Statistics; and

b. preparing a Burial Permit and giving all four copies to the lay funeral director to whom the body is released.

COMPLETION AND DISTRIBUTION OF FORMS

If an error has been made on the Registration of Death form after it has been separated, and when only one copy can be corrected, **do not start another form.** Bracket the incorrect information, insert the correct information and initial the change.

District Registrars are required to submit completed forms within **five** days of registration.

Vital Statistics or the Chief Medical Examiner's Office may call to request Part II of the Registration of Death if not received within a reasonable period of time.

INITIATING THE REGISTRATION OF DEATH FORM

The death of every person in the province shall be registered as provided in this guide.

The first District Registrar notified of a death initiates the Registration of Death form (usually the health care facility). Items 1, 2 and 3, including the Manitoba Health Services Commission registration number, and Item 24 (if known) are completed.

ITEM 25 - CERTIFICATION OF DEATH

The physician, medical examiner or other official who pronounced the death usually completes and signs this section, however nurses who have knowledge of the death may sign instead.

Where there is no person in attendance qualified to certify that the death occurred (physician, etc.), or where there were no forms at the scene of the death, a District Registrar or other person may contact the physician by phone or in person to confirm the death and, if authorized by that physician, sign on his/her behalf.

Complete the autopsy section and include the full name, address and appropriate designation of the physician contacted.

Medical Certificate of Death must be completed by the **attending physician** within **48 hours** of a death and forwarded to the District Registrar. An attending physician is defined as any duly qualified medical practitioner who had seen, attended or treated the deceased person at least 14 days prior to death for the illness or condition related to the cause of death. **Medical examiners** must complete the Medical Certificate of Death **immediately** upon releasing a body after an inquiry or investigation.

> **NOTE**: Funeral directors require the Medical Certificate of Death to be completed prior to burial, cremation or other disposition. Therefore, whenever possible, the Medical Certificate of Death should be completed by the time the funeral director removes the body from the health care facility. Otherwise, funeral directors will require notification by health facility staff that the Medical Certificate of Death has been completed so that disposition of the body may proceed. Failure by the attending physician to complete the Medical Certificate of Death within 48 hours of the death is reportable to the Chief Medical Examiner's Office by health facility staff.

Reportable Cases to the Medical Examiner include the following deaths:

a. the deceased person died or appears to have died:

i. as a result of an accident;

ii. by an act of suicide, negligence or homicide;

iii. in an unexpected or unexplained manner;

iv. as a result of poisoning;

v. as a result of contracting a contagious disease that is a threat to public health;

vi. suddenly of unknown cause;

vii. during a pregnancy or during recovery from a pregnancy;

viii. while under anaesthesia or while recovering from an anaesthesia or within 10 days of a surgical operation performed upon the person;

ix. while in the custody of a peace officer;

x. as a result of:

A. contracting a disease or condition,

B. sustaining an injury, or

C. ingesting a toxic substance

at the place of employment or former employment of the person;

xi. within 24 hours of admission of the person to a hospital;

xii. in a place, institution or facility, or a class of place, institution or facility, that is prescribed under The Fatality Inquiries Act for purposes of Subsection 7(9) of The Fatality Inquiries Act; or

xiii. in circumstances that are prescribed under The Fatality Inquiries Act for purposes of Subsection 7(9) of The Fatality Inquiries Act;

b. at the time of death, the deceased person:

   i. was not under the care of a duly qualified medical practitioner for the condition that brought on the death; or

   ii. was a resident of an institution or care facility that is licensed, or is required by an Act of the Legislature to be licensed, to operate as a residential institution or care facility;

c. the deceased person died while a resident in a correctional institution, jail, prison or military guardroom or in an institution to which The Mental Health Act applies; or

d. the deceased person is a child.

To Report a Death for the Above-Noted Cases:

In Winnipeg and Selkirk, deaths which occur between 0830 and 1630 hours, Monday to Friday, should be reported to the Chief Medical Examiner's office at 945-2088 and an investigator will commence an inquiry. Outside regular work hours during the week and on weekends and/or holidays, the name of the medical examiner on call and telephone number can be obtained by calling 945-2088 and listening to the taped recording.

Physicians in rural Manitoba should contact the medical examiner in their area. Telephone numbers can be obtained from the rural telephone directory or the local RCMP detachment.

CERTIFICATION OF DISTRICT REGISTRAR

This section is usually completed by the funeral director, and should only be signed once the form has been fully completed.

DISPOSITION OF DECEASED

When the deceased is released to the funeral director by the proper authorities, separate the two-part registration form.

PART I

The funeral director must be given Part I of the Registration of Death form to complete the next step of registering the death.

The term "funeral director" may include any person appointed by the funeral home to act as a District Registrar.

A Burial Permit is prepared by the funeral director immediately upon receipt of Part I of the Registration of Death form, **providing** the Medical Certificate of Death has been completed to allow for the legal transportation (i.e. by a common carrier) and disposition of the deceased.

Burial or other disposition cannot occur before the Medical Certificate of Death is completed. If the Certification Section (25-C) indicates no Medical Certificate of Death to have been completed at the time of certification, the funeral director must indicate the date notification was received that the Medical Certificate had been completed and must indicate the name of the person who notified the funeral home.

PART II

This portion of the registration form must be completed by the physician or medical examiner who is responsible for reporting the cause of death. Part II can be attached to the health facility medical record in preparation for signing, preferably before such time as the body is released to the funeral director. Otherwise, if the physician works outside the facility, the District Registrar may forward Part II for completion by the attending physician within 48 hours of the death.

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL ITEMS. DO NOT WRITE IN SHADED AREAS.
ÉCRIRE EN CARACTÈRES D'IMPRIMERIE OU TAPER À LA MACHINE. REMPLIR CHAQUE SECTION...NE PAS ÉCRIRE DANS LES SECTIONS OMBRÉES.
(See reverse side for instructions for completing this form) (Voir les instructions au verso)

Registration of Death
Bulletin d'enregistrement de décès

Manitoba Family Services Vital Statistics
Services à la famille Manitoba État civil

REGISTRATION N° /N° D'ENREGISTREMENT

NAME OF DECEASED NOM DU (DE LA) DÉFUNT(E)	1. SURNAME OF DECEASED/NOM DE FAMILLE DU (DE LA) DÉFUNT(E)	M.H.S.C. REGISTRATION N° /N° D'ENREG. DE LA C.S.S.M.
	ALL GIVEN NAMES (in full)/PRÉNOMS (en entier)	2. SEX/SEXE ☐ Male/Homme ☐ Female/Femme
PLACE OF DEATH LIEU DU DÉCÈS	3. NAME OF HOSPITAL (If not in hospital, give exact location)/NOM DE L'HÔPITAL (Indiquer le lieu exact du décès s'il n'est pas survenu dans un hôpital)	
	CITY, TOWN, VILLAGE, RURAL (give sec., twp., rge.)/VILLE, VILLAGE, MUNICIPALITÉ RURALE (sect., townsh., rg)	

USUAL RESIDENCE RÉSIDENCE HABITUELLE	4. ADDRESS (If rural, give sec., twp., rge.)/ADRESSE (pour mun. rurale, indiquer sect., townsh., rg)				
	CITY, TOWN, VILLAGE, RURAL MUNICIPALITY/VILLE, VILLAGE, MUN. RURALE	PROVINCE	COUNTRY/PAYS	POSTAL CODE/CODE POSTAL	
MARITAL STATUS ÉTAT CIVIL	5. SINGLE/CÉLIBATAIRE ☐	MARRIED/MARIÉ(E) ☐	WIDOWED/VEUF(VE) ☐	DIVORCED/DIVORCÉ(E) ☐	SEPARATED/SÉPARÉ(E) ☐
	6. IF MARRIED, WIDOWED, OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME OF WIFE POUR UNE PERSONNE MARIÉE, VEUVE OU DIVORCÉE, DONNER AU COMPLET LE NOM DU MARI OU LE NOM DE JEUNE FILLE DE LA FEMME				
OCCUPATION PROFESSION	7. KIND OF WORK DONE DURING MOST OF WORKING LIFE PROFESSION EXERCÉE PENDANT LA PLUS GRANDE PARTIE DE LA VIE PROFESSIONNELLE		8. KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED GENRE D'ENTREPRISE OU D'INDUSTRIE		
DATE OF BIRTH/DATE DE NAISSANCE	9. MONTH/MOIS DAY/JOUR YEAR/ANNÉE	10. AGE AGE YEARS/ANS	If under one year / Enfant de moins d'un an MOS/MOIS DAYS/JOURS	If under one day / Enfant de moins d'un jour HRS/HEURES MINS/MINUTES	
PLACE OF BIRTH/LIEU DE NAISSANCE	11. CITY OR PLACE/VILLE OU LIEU		PROVINCE (OR COUNTRY) PROVINCE (OU PAYS)		
FATHER PÈRE	12. SURNAME AND GIVEN NAMES NOM DE FAMILLE ET PRÉNOMS		13. PLACE OF BIRTH (CITY OR PLACE — PROVINCE OR COUNTRY) LIEU DE NAISSANCE (VILLE OU LIEU — PROVINCE OU PAYS)		
MOTHER MÈRE	14. MAIDEN SURNAME AND GIVEN NAMES NOM DE JEUNE FILLE ET PRÉNOMS		15. PLACE OF BIRTH (CITY OR PLACE — PROVINCE OR COUNTRY) LIEU DE NAISSANCE (VILLE OU LIEU — PROVINCE OU PAYS)		

INFORMANT DÉCLARANT	16. NAME OF INFORMANT/NOM DU DÉCLARANT	17. RELATIONSHIP TO DECEASED LIEN AVEC LE (LA) DÉFUNT(E)
	18. ADDRESS OF INFORMANT/ADRESSE DU DÉCLARANT	19. DATE SIGNED DATE DE SIGNATURE
DISPOSITION ARRANGEMENTS RELATIFS À LA DÉPOUILLE	20. BURIAL ☐ INHUMATION ☐ CREMATION / INCINÉRATION OTHER (SPECIFY) / AUTRE (PRÉCISER) ☐	21. DATE OF BURIAL OR DISPOSITION (Month, Day, Year) DATE DE L'INHUMATION OU DE TOUT AUTRE ARRANGEMENT (Mois, jour, année)
	22. NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION NOM ET ADRESSE DU CIMETIÈRE, DU CRÉMATORIUM OU AUTRE LIEU CONVENU	
	23. BURIAL PERMIT ISSUED BY PERMIS D'INHUMER DÉLIVRÉ PAR	ADDRESS ADRESSE

FUNERAL DIRECTOR ENTREPRENEUR DE POMPES FUNÈBRES	24. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION OF REMAINS NOM ET ADRESSE DE LA PERSONNE CHARGÉE DE LA DÉPOUILLE

DATE OF DEATH DATE DU DÉCÈS	25. TIME/HEURE A.M. P.M.	MONTH (BY NAME)/MOIS (EN LETTRES)	DAY/JOUR	YEAR/ANNÉE
	26. AUTOPSY/AUTOPSIE ☐ YES/OUI ☐ NO/NON			

CERTIFICATION ATTESTATION

To the best of my knowledge and belief, this person died on the above date.
J'atteste en mon âme et conscience que cette personne est décédée à la date susmentionnée.

A. X _____ Signature — Time and date of signature/Heure et date de la signature _____

B. ☐ Physician/Médecin ☐ District Registrar/Registrateur de district * ☐ Medical Examiner/Médecin légiste ☐ Medical Investigator/Enquêteur médical ☐ Other * (specify)/Autre * (préciser): _____ ☐ Registered Nurse/Licenced Practical Nurse Infirmière/Infirmière auxiliaire

C. Medical Certificate of Death completed/Certificat médical du décès rempli ☐ Yes/Oui ☐ No/Non

D. Please print name and address of person who signed or authorized the certification/Indiquer en caractères d'imprimerie le nom et l'adresse de la personne qui a signé ou autorisé l'attestation

Name / Nom _____
Address / Adresse _____

* Person above (B) must be contacted for authorization to sign / Il faut communiquer avec la personne mentionnée ci-dessus (B) pour obtenir l'autorisation de signer.

E. Case reportable to the Medical Examiner pursuant to Sec. 14(6) of the Vital Statistics Act / Cas pouvant être renvoyé au médecin légiste en vertu du paragraphe 14(6) de la Loi sur les statistiques de l'état civil ☐ Yes/Oui ☐ No/Non

If yes, print name of Medical Examiner / Investigator contacted.
Dans l'affirmative, indiquer en caractères d'imprimerie le nom du médecin légiste ou de l'enquêteur médical contacté _____

CERTIFICATION OF DISTRICT REGISTRAR ATTESTATION DU REGISTRAIRE DE DISTRICT

PLEASE NOTE: BURIAL OR OTHER DISPOSITION CANNOT OCCUR BEFORE MEDICAL CERTIFICATE IS COMPLETED. / À NOTER : L'INHUMATION OU LES AUTRES ARRANGEMENTS RELATIFS À LA DÉPOUILLE NE PEUVENT AVOIR LIEU AVANT QUE LE CERTIFICAT MÉDICAL NE SOIT REMPLI.

If no Medical Certificate of Death was completed at the above stated time (per 25 A), please state when notification was received / Si le certificat médical de décès n'est pas rempli à l'heure mentionnée ci-dessus (25 A), indiquer à quel moment le registraire du district a été avisé.

Date _____ Print name of Informant/Nom du déclarant en caractères d'imprimerie _____

NOTATIONS/NOTES

Way Area Code/Code régional Way

MONTH/MOIS DAY/JOUR YEAR/ANNÉE — SIGNATURE OF DISTRICT REGISTRAR / SIGNATURE DU REGISTRAIRE DE DISTRICT — DISTRICT REG. NO / N° D'ENREG. DU DISTRICT

Form 5 / Formule N° 5 — MO 8033 (Rev. 91) — 1. VITAL STATISTICS/ÉTAT CIVIL

DO NOT WRITE IN SHADED AREAS / NE PAS ÉCRIRE DANS LES SECTIONS OMBRÉES
THIS IS A PERMANENT LEGAL RECORD / CECI EST UN ACTE AUTHENTIQUE DÉFINITIF

REGISTRATION OF DEATH FORM - PART I

Ensure this form is completed as fully and accurately as possible, using dark ink. If no information can be obtained from informants on a particular section, print "unknown" in the space. Careful attention to these sections will enable our office to issue a Death Certificate to the estate settlement executors promptly and correctly.

Item 1: The full legal name of the deceased must be given.

Item 4: The full residence address including the postal code must be given.

Item 5: The marital status must be the legal status (common law is not considered a status in this instance.)

Item 6: The name of the legal spouse should be stated. When this information is unavailable, state "unknown".

DO NOT INCLUDE the name of a common law spouse in this area. You may include information about the common law relationship in the "Notations" section at the bottom of the form.

Item 9, 10: Ensure the date of birth and age are accurate and consistent with one another.

Item 16, 17, 18: The name, address and relationship of the person providing the information must be stated. Either printed or typed information is acceptable.

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL ITEMS. DO NOT WRITE IN SHADED AREAS.
ÉCRIRE EN CARACTÈRES D'IMPRIMERIE OU TAPER À LA MACHINE. REMPLIR CHAQUE SECTION. NE PAS ÉCRIRE DANS LES SECTIONS OMBRÉES
(See reverse side for instructions for completing this form) (Voir les instructions au verso)

Registration of Death
Bulletin d'enregistrement de décès

Manitoba Family Services / Services à la famille Manitoba Vital Statistics / État civil

REGISTRATION Nº /Nº D'ENREGISTREMENT

NAME OF DECEASED / NOM DU (DE LA) DÉFUNT(E)

1. SURNAME OF DECEASED/NOM DE FAMILLE DU (DE LA) DÉFUNT(E): BROWN
ALL GIVEN NAMES (en toutes lettres) / PRÉNOMS: DAVID

M.H.S.C. REGISTRATION Nº /Nº D'ENREG. DE LA C.S.S.M.: 1 9 9 9 9 9 9

2. SEX/SEXE: ☑ Male/Homme ☐ Female/Femme

PLACE OF DEATH / LIEU DU DÉCÈS

3. NAME OF HOSPITAL (if not in hospital, give exact location) / NOM DE L'HÔPITAL (Indiquer le lieu exact du décès s'il n'est pas survenu dans un hôpital): ST. JOSEPH HOSPITAL
CITY, TOWN, VILLAGE, RURAL (give dist., twp., rge.) / VILLE, VILLAGE, MUNICIPALITÉ RURALE (quart., canton., rg): WINNIPEG

USUAL RESIDENCE / RÉSIDENCE HABITUELLE

4. ADDRESS (if rural, give dist., twp., rge.) / ADRESSE (pour rural, rurales, indiquer quart., canton., rg): 24 DRIVER BAY
CITY, TOWN, VILLAGE, RURAL MUNICIPALITY/VILLE, VILLAGE, MUN. RURALE: WINNIPEG
PROVINCE: MANITOBA
COUNTRY/PAYS:
POSTAL CODE/CODE POSTAL: R 2 G 0 X 1

MARITAL STATUS / ÉTAT CIVIL

5. SINGLE/CÉLIBATAIRE ☐ MARRIED/MARIÉ(E) ☑ WIDOWED/VEUF(VE) ☐ DIVORCED/DIVORCÉ(E) ☐ SEPARATED/SÉPARÉ(E) ☐

6. IF MARRIED, WIDOWED, OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME OF WIFE / POUR UNE PERSONNE MARIÉE, VEUVE OU DIVORCÉE, DONNER AU COMPLET LE NOM DU MARI OU LE NOM DE JEUNE FILLE DE LA FEMME: SPENCE, MARIE

OCCUPATION / PROFESSION

7. KIND OF WORK DONE DURING MOST OF WORKING LIFE / PROFESSION EXERCÉE PENDANT LA PLUS GRANDE PARTIE DE LA VIE PROFESSIONNELLE: CARPENTER

8. KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED / GENRE D'ENTREPRISE OU D'INDUSTRIE: BARIS CONSTRUCTION

DATE OF BIRTH / DATE DE NAISSANCE

9. MONTH/MOIS DAY/JOUR YEAR/ANNÉE: MARCH 10 1928

10. AGE / ÂGE: 63 YEARS/ANS

If under one year / Enfant de moins d'un an: MOS./MOIS DAYS/JOURS

If under one day / Enfant de moins d'un jour: HRS/HEURES MINS/MINUTES

PLACE OF BIRTH / LIEU DE NAISSANCE

11. CITY OR PLACE/VILLE OU LIEU: WINNIPEG
PROVINCE (OR COUNTRY) / PROVINCE (OU PAYS): MANITOBA

FATHER / PÈRE

12. SURNAME AND GIVEN NAMES / NOM DE FAMILLE ET PRÉNOMS: BROWN, JOHN
13. PLACE OF BIRTH (CITY OR PLACE — PROVINCE OR COUNTRY) / LIEU DE NAISSANCE (VILLE OU LIEU — PROVINCE OU PAYS): BAILEY, SASKATCHEWAN

MOTHER / MÈRE

14. MAIDEN SURNAME AND GIVEN NAMES / NOM DE JEUNE FILLE ET PRÉNOMS: BURKE, ANNE
15. PLACE OF BIRTH (CITY OR PLACE - PROVINCE OR COUNTRY) / LIEU DE NAISSANCE (VILLE OU LIEU — PROVINCE OU PAYS): MISSION, ONTARIO

INFORMANT / DÉCLARANT

16. NAME OF INFORMANT/NOM DU DÉCLARANT: MARIE BROWN
17. RELATIONSHIP TO DECEASED / LIEN AVEC LE (LA) DÉFUNT(E): WIFE
18. ADDRESS OF INFORMANT/ADRESSE DU DÉCLARANT: 24 DRIVER BAY,
19. DATE SIGNED / DATE DE SIGNATURE: JULY 21, 1991

DISPOSITION ARRANGEMENTS RELATIFS À LA DÉPOUILLE

20. BURIAL / INHUMATION ☑ CREMATION / INCINÉRATION ☐ OTHER (SPECIFY) / AUTRE (PRÉCISER) ☐
21. DATE OF BURIAL OR DISPOSITION (Month, Day, Year) / DATE DE L'INHUMATION OU DE TOUT AUTRE ARRANGEMENT (Mois, jour, année): JULY 23, 1991
22. NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION / NOM ET ADRESSE DU CIMETIÈRE, DU CRÉMATORIUM OU AUTRE LIEU CONVENU: ANDREWS CEMETERY, WINNIPEG
23. BURIAL PERMIT ISSUED BY / PERMIS D'INHUMER DÉLIVRÉ PAR: CAIRNS FUNERAL HOME
ADDRESS / ADRESSE: WINNIPEG

FUNERAL DIRECTOR / ENTREPRENEUR DE POMPES FUNÈBRES

24. NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION OF REMAINS / NOM ET ADRESSE DE LA PERSONNE CHARGÉE DE LA DÉPOUILLE: CAIRNS FUNERAL HOME, 123 GATE AVE., WINNIPEG

DATE OF DEATH / DATE DU DÉCÈS

25. TIME/HEURE: 1:15 AM PM
MONTH (BY NAME)/MOIS (EN LETTRES): JULY
DAY/JOUR: 20
YEAR/ANNÉE: 1991

26. AUTOPSY/AUTOPSIE: ☐ YES/OUI ☑ NO/NON

CERTIFICATION / ATTESTATION

To the best of my knowledge and belief, this person died on the above date / Je crois en mon âme et conscience que cette personne est décédée à la date susmentionnée

A. ☒ Signature: J. Black
8:00 AM July 21, 1991
Time and date of signature / Heure et date de la signature

B. ☐ Physician/Médecin ☐ District Registrar/Registrateur de district *
☐ Medical Examiner/Médecin légiste
☐ Medical Investigator/Enquêteur médical ☐ Other * (specify)/Autre * (préciser)
☑ Registered Nurse/Licensed Practical Nurse/Infirmière autorisée

* Person above (B) must be contacted for authorization to sign / Il faut communiquer avec la personne mentionnée ci-dessus (B) pour obtenir l'autorisation de signer

C. Medical Certificate of Death completed/Certificat médical de décès rempli: ☑ Yes/Oui ☐ No/Non

D. Please print name and address of person who signed or authorized the certification/Indiquer en caractères d'imprimerie le nom et l'adresse de la personne qui a signé ou autorisé l'attestation
Name / Nom: DR. T. DAVIDSON
Address / Adresse: 66 BYERS BAY
WINNIPEG

E. Case reportable to the Medical Examiner pursuant to Sec. 14(6) of the Vital Statistics Act / Cas pouvant être renvoyé au médecin légiste en vertu du paragraphe 14(6) de la Loi sur les statistiques de l'état civil
☐ Yes/Oui ☑ No/Non

If yes, print name of Medical Examiner / Investigator contacted / Dans l'affirmative, indiquer en caractères d'imprimerie le nom du médecin légiste ou de l'enquêteur médical contacté

CERTIFICATION OF DISTRICT REGISTRAR / ATTESTATION DU REGISTRATEUR DE DISTRICT

PLEASE NOTE: BURIAL OR OTHER DISPOSITION CANNOT OCCUR BEFORE MEDICAL CERTIFICATE IS COMPLETED. / À NOTER: L'INHUMATION OU LES AUTRES ARRANGEMENTS RELATIFS À LA DÉPOUILLE NE PEUVENT AVOIR LIEU AVANT QUE LE CERTIFICAT MÉDICAL NE SOIT REMPLI.

If no Medical Certificate of Death was completed at the above stated time (per 25 A), please state when certification was completed / Si le certificat médical de décès n'est pas rempli à l'heure mentionnée ci-dessus (25 A), indiquer à quel moment le registrateur du district a été avisé:

Date
Print name of Informant/Nom du déclarant en caractères d'imprimerie
NOTATIONS/NOTES:
Reg. Area Code/Code régional Reg.

July 22, 1991 — A. Jones — 1 9 9 9 9
MONTH/MOIS DAY/JOUR YEAR/ANNÉE — SIGNATURE OF DISTRICT REGISTRAR / SIGNATURE DU REGISTRATEUR DE DISTRICT — DISTRICT REG. NO. / Nº D'ENREG. DU DISTRICT

Form 5 / Formule Nº 5 MD-0033 (Rev. 91)

DO NOT WRITE IN SHADED AREAS / NE PAS ÉCRIRE DANS LES SECTIONS OMBRÉES
THIS IS A PERMANENT LEGAL RECORD / CECI EST UN ACTE AUTHENTIQUE DÉFINITIF

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL ITEMS. DO NOT WRITE IN SHADED AREAS
ÉCRIRE EN CARACTÈRES D'IMPRIMERIE OU TAPER À LA MACHINE. REMPLIR CHAQUE SECTION...NE PAS ÉCRIRE DANS LES SECTIONS OMBRÉES
(See reverse side for instructions for completing this form) (Voir les instructions au verso)

Registration of Death
Bulletin d'enregistrement de décès

Manitoba Family Services / Services à la famille Manitoba
Vital Statistics / État civil

REGISTRATION Nº / Nº D'ENREGISTREMENT

NAME OF DECEASED / NOM DU (DE LA) DÉFUNT(E)

1 SURNAME OF DECEASED / NOM DE FAMILLE DU (DE LA) DÉFUNT(E): BROWN
ALL GIVEN NAMES / PRÉNOMS: KEITH
M.H.S.C. REGISTRATION Nº / Nº D'ENREG. DE L'A.C.S.M.: 1,9,9,9,9,9,9
2 SEX / SEXE: ☑ Male / Masculin ☐ Female / Féminin

PLACE OF DEATH / LIEU DU DÉCÈS

3 NAME OF HOSPITAL (If not in hospital, give exact location) / NOM DE L'HÔPITAL (Indiquer le lieu exact du décès s'il n'est pas survenu dans un hôpital): ST. JOSEPH'S HOSPITAL D.O.A.
CITY, TOWN, VILLAGE, RURAL (give sec., twp., rge) / VILLE, VILLAGE, MUNICIPALITÉ RURALE (sect., townsh., rg): WINNIPEG

USUAL RESIDENCE / RÉSIDENCE HABITUELLE

4 ADDRESS (If rural, give sec., twp., rge) / ADRESSE (pour mun. rurale, indiquer sect., townsh., rg): 24 DRIVER BAY
CITY, TOWN, VILLAGE, RURAL MUNICIPALITY / VILLE, VILLAGE, MUN. RURALE: WINNIPEG
PROVINCE: MANITOBA
COUNTRY / PAYS:
POSTAL CODE / CODE POSTAL: R,2,G,0,X,1

MARITAL STATUS / ÉTAT CIVIL

5 SINGLE / CÉLIBATAIRE ☑ MARRIED / MARIÉ(E) ☐ WIDOWED / VEUF(VE) ☐ DIVORCED / DIVORCÉ(E) ☐ SEPARATED / SÉPARÉ(E) ☐
6 IF MARRIED, WIDOWED, OR DIVORCED GIVE FULL NAME OF HUSBAND OR FULL MAIDEN NAME OF WIFE / POUR UNE PERSONNE MARIÉE, VEUVE OU DIVORCÉE, DONNER AU COMPLET LE NOM DU MARI OU LE NOM DE JEUNE FILLE DE LA FEMME:

OCCUPATION / PROFESSION

7 KIND OF WORK DONE DURING MOST OF WORKING LIFE / PROFESSION EXERCÉE PENDANT LA PLUS GRANDE PARTIE DE LA VIE PROFESSIONNELLE: CARPENTER
8 KIND OF BUSINESS OR INDUSTRY IN WHICH WORKED / GENRE D'ENTREPRISE OU D'INDUSTRIE: BARTS CONSTRUCTION

DATE OF BIRTH / DATE DE NAISSANCE

9 MONTH / MOIS DAY / JOUR YEAR / ANNÉE: JANUARY 15, 1960
10 AGE / ÂGE: 31 YEARS / ANS
If under one year / Enfant de moins d'un an: MOS / MOIS: DAYS / JOURS
If under one day / Enfant de moins d'un jour: HRS / HEURES: MINS / MINUTES

PLACE OF BIRTH / LIEU DE NAISSANCE

11 CITY OR PLACE / VILLE OU LIEU: WINNIPEG
PROVINCE (OR COUNTRY) / PROVINCE (OU PAYS): MANITOBA

FATHER / PÈRE

12 SURNAME AND GIVEN NAMES / NOM DE FAMILLE ET PRÉNOMS: BROWN, DAVID
13 PLACE OF BIRTH (CITY OR PLACE – PROVINCE OR COUNTRY) / LIEU DE NAISSANCE (VILLE OU LIEU – PROVINCE OU PAYS): WINNIPEG, MANITOBA

MOTHER / MÈRE

14 MAIDEN SURNAME AND GIVEN NAMES / NOM DE JEUNE FILLE ET PRÉNOMS: SPENCE, MARIE
15 PLACE OF BIRTH (CITY OR PLACE – PROVINCE OR COUNTRY) / LIEU DE NAISSANCE (VILLE OU LIEU – PROVINCE OU PAYS): SELKIRK, MANITOBA

INFORMANT / DÉCLARANT

16 NAME OF INFORMANT / NOM DU DÉCLARANT: DAVID BROWN
17 RELATIONSHIP TO DECEASED / LIEN AVEC LE (LA) DÉFUNT(E): FATHER
18 ADDRESS OF INFORMANT / ADRESSE DU DÉCLARANT: 24 DRIVER BAY
19 DATE SIGNED / DATE DE SIGNATURE: JUNE 2, 1991

DISPOSITION ARRANGEMENTS RELATIFS À LA DÉPOUILLE

20 BURIAL / INHUMATION ☑ CREMATION / INCINÉRATION ☐ OTHER (SPECIFY) / AUTRE (PRÉCISER) ☐
21 DATE OF BURIAL OR DISPOSITION (Month, Day, Year) / DATE DE L'INHUMATION OU DE TOUT AUTRE ARRANGEMENT (Mois, jour, année): JUNE 3, 1991
22 NAME AND ADDRESS OF CEMETERY, CREMATORIUM OR PLACE OF DISPOSITION / NOM ET ADRESSE DU CIMETIÈRE, DU CRÉMATORIUM OU AUTRE LIEU CONVENU: ANDREWS CEMETERY, WINNIPEG
23 BURIAL PERMIT ISSUED BY / PERMIS D'INHUMER DÉLIVRÉ PAR: CAIRNS FUNERAL HOME
ADDRESS / ADRESSE: WINNIPEG

FUNERAL DIRECTOR / ENTREPRENEUR DE POMPES FUNÈBRES

24 NAME AND ADDRESS OF PERSON IN CHARGE OF DISPOSITION OF REMAINS / NOM ET ADRESSE DE LA PERSONNE CHARGÉE DE LA DÉPOUILLE: CAIRNS FUNERAL HOME, 123 GATE AVE., WINNIPEG

DATE OF DEATH / DATE DU DÉCÈS

25 TIME / HEURE: 3:00 (AM) PM
MONTH (BY NAME) / MOIS (EN LETTRES): JUNE
DAY / JOUR: 1
YEAR / ANNÉE: 1991
26 AUTOPSY / AUTOPSIE: ☐ YES / OUI ☑ NO / NON

CERTIFICATION / ATTESTATION

To the best of my knowledge and belief, this person died on the above date / J'atteste en mon âme et conscience que cette personne est décédée à la date susmentionnée
A ☒ Signature: J. Black — Time and date of signature / Heure et date de la signature: 4:00 A.M. JUNE 1, 1991
B ☐ Physician / Médecin ☐ District Registrar / Registraire de district * ☐ Medical Examiner / Médecin légiste ☐ Medical Investigator / Enquêteur médical ☐ Other * (specify) / Autre * (préciser) ☑ Registered Nurse / Licenced Practical Nurse / Infirmière / Infirmière auxiliaire
C Medical Certificate of Death completed / Certificat médical de décès rempli ☐ Yes / Oui ☑ Not / Non
* Person above (B) must be contacted for authorization to sign / Il faut communiquer avec la personne mentionnée ci-dessus (B) pour obtenir l'autorisation de signer
D Please print name and address of person who signed or authorized the certification / Indiquer en caractères d'imprimerie le nom et l'adresse de la personne qui a signé ou autorisé l'attestation
Name / Nom: DR. T. DAVIDSON
Address / Adresse: 66 AYERS BAY, WINNIPEG
E Case reportable to the Medical Examiner pursuant to Sec. 14(8) of the Vital Statistics Act / Ces décès doivent être déclarés au médecin légiste en vertu du paragraphe 14(8) de la Loi sur les statistiques de l'état civil ☑ Yes / Oui ☐ Not / Non
If yes, print name of Medical Examiner / Investigator contacted / Dans l'affirmative, indiquer en caractères d'imprimerie le nom du médecin légiste ou de l'enquêteur médical contacté: R. WHITE

CERTIFICATION OF DISTRICT REGISTRAR / ATTESTATION DU REGISTRAIRE DE DISTRICT

PLEASE NOTE: BURIAL OR OTHER DISPOSITION CANNOT OCCUR BEFORE MEDICAL CERTIFICATE IS COMPLETED. / À NOTER : L'INHUMATION OU LES AUTRES ARRANGEMENTS RELATIFS À LA DÉPOUILLE NE PEUVENT AVOIR LIEU AVANT QUE LE CERTIFICAT MÉDICAL NE SOIT REMPLI.
If no Medical Certificate of Death was completed at the above stated time (per 25 A), please state when notification was received / Si le certificat médical de décès n'est pas rempli à l'heure mentionnée ci-dessus (25 A), indiquer à quel moment le registraire de district a été avisé:
Date: JUNE 2, 1991
Print name of Interpreter / Nom du déclarant en caractères d'imprimerie: M. Brum
NOTATIONS / NOTES:
Reg. Area Code / Code régional Reg.:
June 2, 1991 (Month / Mois, Day / Jour, Year / Année)
Signature of District Registrar / Signature du registraire de district: A. Jones
District Reg. No. / Nº d'enreg. du district: 1,9,9,9

DO NOT WRITE IN SHADED AREAS / NE PAS ÉCRIRE DANS LES SECTIONS OMBRÉES
THIS IS A PERMANENT LEGAL RECORD / CECI EST UN ACTE AUTHENTIQUE DÉFINITIF

Form 5 / Formule Nº 5 MD-5833 (Rev. 91)

REGISTRATION OF DEATH FORM - PART II

The physician or medical examiner is required to complete the Medical Certificate of Death. Details on how to complete the form are printed on the back of the registration forms. Failure by the attending physician to complete and file a Medical Certificate of Death within 48 hours of the death may interfere with funeral or disposition arrangements.

CERTIFICATION OF DISTRICT REGISTRAR

The District Registrar in a health facility dates, signs and enters the district registration number immediately after the physician has completed the form, and then submits it immediately to Vital Statistics.

If this portion is to be sent to the physician or medical examiner for completion, the District Registrar may:

1. Request the physician to complete and return the form directly to Vital Statistics. Please include a self-addressed return envelope for the physician's use.

   In this case, it is **not** necessary for the health facility District Registrar to complete the Certification of District Registrar section.

2. Request the physician to complete and return the form to the health facility. Complete the Certification of District Registrar section and submit the form immediately to Vital Statistics.

NOTE: In cases where no Medical Certificate of Death was completed at the time of certification (per Section 25-C), the funeral director must be notified once the Medical Certificate of Death has been completed in order for disposition of the body to proceed.

In cases where the attending physician has failed to comply with the 48 hour time requirement to complete the Medical Certificate of Death, the Chief Medical Examiner's Office will be contacted to procure the Medical Certificate of Death (phone number - 945-2088).

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL ITEMS. DO NOT WRITE IN SHADED AREAS.
ÉCRIRE EN CARACTÈRES D'IMPRIMERIE OU TAPER À LA MACHINE. REMPLIR CHAQUE SECTION...NE PAS ÉCRIRE DANS LES SECTIONS OMBRÉES.
(See reverse side for instructions for completing this form) (Voir les instructions au verso)

DO NOT WRITE IN SHADED AREAS / NE PAS ÉCRIRE DANS LES SECTIONS OMBRÉES
THIS IS A PERMANENT LEGAL RECORD / CECI EST UN ACTE AUTHENTIQUE DÉFINITIF

Medical Certificate of Death
Certificat médical de décès

Manitoba Family Services / Services à la famille Manitoba / Vital Statistics / Etat civil

REGISTRATION N° /N° D'ENREGISTREMENT

NAME OF DECEASED / NOM DU (DE LA) DÉFUNT(E)

1. SURNAME OF DECEASED/NOM DE FAMILLE DU (DE LA) DÉFUNT(E): BROWN
ALL GIVEN NAMES (in full/PRÉNOMS (en toutes lettres)): DAVID
M.H.S.C. REGISTRATION N° /N° D'ENREG. DE L'A.C.S.S.M.: 1 9 9 9 9 9 9
2. SEX/SEXE: [X] Male/homme [ ] Female/femme

PLACE OF DEATH / LIEU DU DÉCÈS

3. NAME OF HOSPITAL (If not in hospital, give exact location)/NOM DE L'HÔPITAL (Indiquer le lieu exact du décès s'il n'est pas survenu dans un hôpital): ST JOSEPH HOSPITAL
CITY, TOWN, VILLAGE, RURAL (give dist., twp., rge.)/VILLE, VILLAGE, MUNICIPALITÉ RURALE (dist., townsh., rg): WINNIPEG

TO BE COMPLETED BY ATTENDING PHYSICIAN WITHIN 48 HOURS FROM DATE OF DEATH. NOTE: BURIAL OR OTHER DISPOSITION CANNOT OCCUR BEFORE MEDICAL CERTIFICATE IS COMPLETED.
DOIT ÊTRE REMPLI PAR LE MÉDECIN TRAITANT DANS LES 48 HEURES QUI SUIVENT LE DÉCÈS. NOTE: L'INHUMATION OU LES AUTRES ARRANGEMENTS RELATIFS À LA DÉPOUILLE NE PEUVENT AVOIR LIEU AVANT QUE LE CERTIFICAT MÉDICAL NE SOIT REMPLI.

PLEASE PRINT / PRIÈRE D'ÉCRIRE EN CARACTÈRES D'IMPRIMERIE

CAUSE OF DEATH / CAUSE DU DÉCÈS

26. PART I/PARTIE I — IMMEDIATE CAUSE/CAUSE IMMÉDIATE
a) PNEUMONIA
due to, or as a consequence of / causé par ou attribuable à
b) CARDIAC ARREST
due to, or as a consequence of / causé par ou attribuable à
c)
Antecedent causes / Causes antérieures
PART II/PARTIE II
Other significant conditions / Autres facteurs importants
Interval between onset & death/Intervalle entre le début de la maladie ou de la blessure et le décès

Read instructions on reverse side/Lire les instructions au verso

AUTOPSY / AUTOPSIE

27. AUTOPSY / AUTOPSIE: [ ] YES/OUI [X] NO/NON
28. DOES THE CAUSE OF DEATH STATED ABOVE TAKE ACCOUNT OF AUTOPSY FINDINGS? / EST-CE QUE LA CAUSE DU DÉCÈS SUSMENTIONNÉE TIENT COMPTE DES RÉSULTATS DE L'AUTOPSIE? [ ] YES/OUI [ ] NO/NON
29. MAY FURTHER INFORMATION RELATING TO THE CAUSE OF DEATH BE AVAILABLE LATER? / EST-CE QUE DE PLUS AMPLES RENSEIGNEMENTS SUR LA CAUSE DU DÉCÈS POURRONT ÊTRE FOURNIS ULTÉRIEUREMENT? [ ] YES/OUI [ ] NO/NON

ACCIDENT OR VIOLENCE (If applicable) / MORT ACCIDENTELLE OU VIOLENTE (s'il y a lieu)

30. IF ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (specify) / DANS LE CAS D'UN ACCIDENT, D'UN SUICIDE, D'UN HOMICIDE OU SI LA CAUSE EST INDÉTERMINÉE (Préciser)
31. PLACE OF INJURY (Home, farm, highway, etc.) / LIEU DE LA BLESSURE (Domicile, ferme, route, etc.)
32. TIME AND DATE OF INJURY / HEURE ET DATE DE LA BLESSURE — TIME/HEURE; MONTH (by name)/MOIS; DAY/JOUR; YEAR/ANNÉE
33. HOW DID INJURY OCCUR? (Describe circumstances) / COMMENT LA BLESSURE S'EST-ELLE PRODUITE? (Décrire les faits)

OTHER MEDICAL PARTICULARS / AUTRES DÉTAILS MÉDICAUX

34. IF A WOMAN, DID DEATH OCCUR EITHER DURING PREGNANCY OR WITHIN 90 DAYS FOLLOWING TERMINATION OF PREGNANCY? / DANS LE CAS D'UNE FEMME, LE DÉCÈS EST-IL SURVENU PENDANT QU'ELLE ÉTAIT ENCEINTE OU DANS LES 90 JOURS SUIVANT LA FIN D'UNE GROSSESSE? [ ] YES/OUI [ ] NO/NON
35. WAS THERE A SURGICAL OPERATION? / Y-A-T-IL EU INTERVENTION CHIRURGICALE? [ ] YES/OUI [ ] NO/NON
36. IF "YES" GIVE DATE OF OPERATION / SI "OUI" DATE DE L'INTERVENTION — MONTH/MOIS; DAY/JOUR; YEAR/ANNÉE
37. OPERATIVE FINDINGS / RÉSULTATS DE L'INTERVENTION

CERTIFICATION / ATTESTATION

38. I certify that the above named person died on the date and from the causes stated herein. / J'atteste que la décès susmentionné est décédé à la date susmentionnée et qu'il est attribuable aux causes susmentionnées.
X Dr. T. Davidson — Signature of Physician/Signature du médecin
39. Physician/Médecin — Medical Examiner/Médecin légiste — Delegate of Chief Medical Examiner/Délégué du médecin légiste en chef
40. NAME OF PHYSICIAN (Please Print) / NOM DU MÉDECIN (en caractères d'imprimerie): DR. T. DAVIDSON
ADDRESS/ADRESSE: 66 BYERS BAY
DATE: MONTH/MOIS: JULY; DAY/JOUR: 21; YEAR/ANNÉE: 1991

DATE OF DEATH / DATE DU DÉCÈS

25. TIME/HEURE — MONTH (BY NAME)/MOIS (EN LETTRES) — DAY/JOUR — YEAR/ANNÉE: 7:15 AM (PM) JULY 20, 1991
29. AUTOPSY/AUTOPSIE: [ ] YES/OUI [X] NO/NON

CERTIFICATION / ATTESTATION

To the best of my knowledge and belief, this person died on the above date. / J'atteste en mon âme et conscience que cette personne est décédée à la date susmentionnée.
A X Signature: D. Black — 8:00 A.M. July 21, 1991 — Time and date of signature/Heure et date de la signature
B: [ ] Physician/Médecin [ ] District Registrar/Registraire de district * [ ] Medical Examiner/Médecin légiste [ ] Medical Investigator/Enquêteur médical [ ] Other * (specify)/Autre * (préciser) [X] Registered Nurse/Licensed Practical Nurse / Infirmière autorisée
C. Medical Certificate of Death completed/Certificat médical de décès rempli: [X] Yes/Oui [ ] No/Non
D. Please print name and address of person who signed or authorized the certification/Indiquer en caractères d'imprimerie le nom et l'adresse de la personne qui a signé ou autorisé l'attestation
Name / Nom: DR. T. DAVIDSON
Address / Adresse: 66 BYERS BAY, WINNIPEG
* Person above (B) must be contacted for authorization to sign. / Il faut communiquer avec la personne mentionnée ci-dessus (B) pour obtenir l'autorisation de signer.
E. Case responsible to the Medical Examiner pursuant to Sec. 14(5) of the Vital Statistics Act / Cas pouvant être renvoyé au médecin légiste en vertu du paragraphe 14(5) de la Loi sur les statistiques de l'état civil: [ ] Yes/Oui [X] No/Non
If yes, print name of Medical Examiner / Investigator contacted / Dans l'affirmative, indiquer en caractères d'imprimerie le nom du médecin légiste ou de l'enquêteur médical contacté:

CERTIFICATION OF DISTRICT REGISTRAR / ATTESTATION DU REGISTRAIRE DE DISTRICT

PLEASE NOTE: BURIAL OR OTHER DISPOSITION CANNOT OCCUR BEFORE MEDICAL CERTIFICATE IS COMPLETED. / À NOTER: L'INHUMATION OU LES AUTRES ARRANGEMENTS RELATIFS À LA DÉPOUILLE NE PEUVENT AVOIR LIEU AVANT QUE LE CERTIFICAT MÉDICAL NE SOIT REMPLI.
If no Medical Certificate of Death was completed at the above stated time (per 25 A), please state when the funeral director was notified. / Si le certificat médical de décès n'est pas rempli à l'heure susmentionnée au décès (25 A), indiquer à quel moment l'entrepreneur de pompes funèbres a été avisé:
Date
Print name of informant/Nom du déclarant en caractères d'imprimerie
If Medical Certificate of Death was not completed within 48 hours of the death pursuant to Sec. 17(1) of Vital Statistics Inquiries Act, give name of Medical Examiner / Investigator contacted. / Si le certificat médical de décès n'est pas rempli dans les 48 heures qui suivent le décès en vertu paragraphe 17(1) de la Loi sur les enquêtes médico-légales, donner le nom du médecin légiste ou de l'enquêteur médical consulté:
July 21, 1991 — MONTH/MOIS; DAY/JOUR; YEAR/ANNÉE
R. Smith — SIGNATURE OF DISTRICT REGISTRAR / SIGNATURE DU REGISTRAIRE DE DISTRICT
DISTRICT REG. NO. / N° D'ENREG. DU DISTRICT: 1 1 1 1 1

Form 5 / Formule N° 5 — MS-0033 (Rev. 91) — 2 VITAL STATISTICS/ETAT CIVIL

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL ITEMS. DO NOT WRITE IN SHADED AREAS.
ÉCRIRE EN CARACTÈRES D'IMPRIMERIE OU TAPER À LA MACHINE. REMPLIR CHAQUE SECTION. NE PAS ÉCRIRE DANS LES SECTIONS OMBRÉES
(See reverse side for instructions for completing this form) (Voir les instructions au verso)

Medical Certificate of Death
Certificat médical de décès

Manitoba Family Services / Vital Statistics — Services à la famille Manitoba / Etat civil

REGISTRATION Nº /Nº D'ENREGISTREMENT

NAME OF DECEASED / NOM DU (DE LA) DÉFUNT(E)
1 SURNAME OF DECEASED/NOM DE FAMILLE DU (DE LA) DÉFUNT(E): BROWN
ALL GIVEN NAMES (on baby/PRÉNOMS (on enfant): KEITH
MHSC REGISTRATION Nº /Nº D'ENREG DE LA C S S M: 19,9,9,9,9,9
2 SEX/SEXE: [X] Male/homme [ ] Female/femme

PLACE OF DEATH / LIEU DU DÉCÈS
3 NAME OF HOSPITAL (If not in hospital, give exact location)/NOM DE L'HÔPITAL (Indiquer le lieu exact du décès s'il n'est pas survenu dans un hôpital): ST. JOSEPH'S HOSPITAL D.O.A.
CITY, TOWN, VILLAGE, RURAL (give dist., twp., rge)/VILLE, VILLAGE, MUNICIPALITÉ RURALE (dist., twnship., rg): WINNIPEG

TO BE COMPLETED BY ATTENDING PHYSICIAN WITHIN 48 HOURS FROM DATE OF DEATH. NOTE: BURIAL OR OTHER DISPOSITION CANNOT OCCUR BEFORE MEDICAL CERTIFICATE IS COMPLETED / DOIT ÊTRE REMPLI PAR LE MÉDECIN TRAITANT DANS LES 48 HEURES QUI SUIVENT LE DÉCÈS. NOTE: L'INHUMATION OU LES AUTRES ARRANGEMENTS RELATIFS À LA DÉPOUILLE NE PEUVENT AVOIR LIEU AVANT QUE LE CERTIFICAT MÉDICAL NE SOIT REMPLI.

PLEASE PRINT / PRIÈRE D'ÉCRIRE EN CARACTÈRES D'IMPRIMERIE

CAUSE OF DEATH / CAUSE DU DÉCÈS
Read instructions on reverse side / Lire les instructions au verso
35 PART I/PARTIE I — IMMEDIATE CAUSE/CAUSE IMMÉDIATE
a) FRACTURE OF THE SKULL
due to, or as a consequence of / dû à, ou en conséquence de
b)
due to, or as a consequence of / dû à, ou en conséquence de
c)
Antecedent causes / Causes antérieures
PART II/PARTIE II
Other significant conditions / Autres facteurs importants

AUTOPSY / AUTOPSIE
37 AUTOPSY / AUTOPSIE: [ ] YES/OUI [X] NO/NON
38 DOES THE CAUSE OF DEATH STATED ABOVE TAKE ACCOUNT OF AUTOPSY FINDINGS? / EST-CE QUE LA CAUSE DU DÉCÈS SUSMENTIONNÉE TIENT COMPTE DES RÉSULTATS DE L'AUTOPSIE? [ ] YES/OUI [ ] NO/NON
39 MAY FURTHER INFORMATION RELATING TO THE CAUSE OF DEATH BE AVAILABLE LATER? / EST-CE QUE DE PLUS AMPLES RENSEIGNEMENTS SUR LA CAUSE DU DÉCÈS POURRONT ÊTRE FOURNIS ULTÉRIEUREMENT? [ ] YES/OUI [ ] NO/NON

ACCIDENT OR VIOLENCE / MORT ACCIDENTELLE OU VIOLENTE (If applicable / s'il y a lieu)
30 IF ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (specify) / DANS LE CAS D'UN ACCIDENT, D'UN SUICIDE, D'UN HOMICIDE OU SI LA CAUSE EST INDÉTERMINÉE (Préciser): ACCIDENT
31 PLACE OF INJURY (Home, farm, highway, etc.) / LIEU DE LA BLESSURE (Domicile, ferme, route, etc.): HIGHWAY #4
32 TIME AND DATE OF INJURY / HEURE ET DATE DE LA BLESSURE — Time / Heure: 3:00Am; Month (By name) / Mois (en toutes lettres): JUNE; Day / Jour: 1; Year / Année: 91
33 HOW DID INJURY OCCUR? (Describe circumstances) / COMMENT LA BLESSURE S'EST-ELLE PRODUITE? (Décrire les faits): SINGLE VEHICLE ACCIDENT, LOST CONTROL

OTHER MEDICAL PARTICULARS / AUTRES DÉTAILS MÉDICAUX
34 IF A WOMAN, DID DEATH OCCUR EITHER DURING PREGNANCY OR WITHIN 90 DAYS FOLLOWING TERMINATION OF PREGNANCY? / DANS LE CAS D'UNE FEMME, LE DÉCÈS EST-IL SURVENU PENDANT QU'ELLE ÉTAIT ENCEINTE OU DANS LES 90 JOURS SUIVANT LA FIN D'UNE GROSSESSE? [ ] YES/OUI [ ] NO/NON
35 WAS THERE A SURGICAL OPERATION? / Y A-T-IL EU INTERVENTION CHIRURGICALE? [ ] YES/OUI [ ] NO/NON
36 IF "YES" GIVE DATE OF OPERATION / SI "OUI" DATE DE L'INTERVENTION — MONTH/MOIS; DAY/JOUR; YEAR/ANNÉE
37 OPERATIVE FINDINGS / RÉSULTATS DE L'INTERVENTION

CERTIFICATION / ATTESTATION
30 I certify that the above named person died on the date and from the causes stated herein / J'atteste que la décès a été produit à la date susmentionnée et que il est attribuable aux causes susmentionnées.
X Signature of Physician/Signature du médecin: Dr. T. Davidson
30 Physician/Médecin [X]; Medical Examiner/Médecin légiste [ ]; Delegate of Chief Medical Examiner/Délégué du médecin légiste en chef [ ]
40 NAME OF PHYSICIAN (Please Print) / NOM DU MÉDECIN (en caractères d'imprimerie): DR. T. DAVIDSON
ADDRESS/ADRESSE: 66 BYERS BAY
DATE: MONTH/MOIS: JUNE; DAY/JOUR: 2; YEAR/ANNÉE: 1991

DATE OF DEATH / DATE DU DÉCÈS
29 TIME/HEURE: 3:00 PM; MONTH (BY NAME)/MOIS (EN LETTRES): JUNE; DAY/JOUR: 1; YEAR/ANNÉE: 1991
28 AUTOPSY/AUTOPSIE: [ ] YES/OUI [X] NO/NON

CERTIFICATION / ATTESTATION
To the best of my knowledge and belief, this person died on the above date / J'atteste en mon âme et conscience que cette personne est décédée à la date susmentionnée
A X Signature: J Black. — 4:00 A.M. JUNE 1, 1991 (Time and date of signature/Heure et date de la signature)
B [ ] Physician/Médecin [ ] District Registrar/Registraire de district * [ ] Medical Examiner/Médecin légiste [ ] Medical Investigator/Enquêteur médical [ ] Other * (specify/Autre * (préciser)) [X] Registered Nurse/Licenced Practical Nurse (Infirmière/Infirmière auxiliaire)
* Person above (B) must be contacted for authorization to sign / Il faut communiquer avec la personne mentionnée ci-dessus (B) pour obtenir l'autorisation de signer
C Medical Certificate of Death completed/Certificat médical de décès rempli: [ ] Yes/Oui [X] No/Non
D Please print name and address of person who signed or authorized the certification/Indiquer en caractères d'imprimerie le nom et l'adresse de la personne qui a signé ou autorisé l'attestation: Name / Nom: DR. T. DAVIDSON; Address / Adresse: 66 BYERS BAY, WINNIPEG
E Case responsible to the Medical Examiner pursuant to Sec. 14(6) of the Vital Statistics Act / Cas pouvant être renvoyé au médecin légiste en vertu du paragraphe 14(6) de la Loi sur les statistiques de l'état civil: [X] Yes/Oui [ ] No/Non
If yes, print name of Medical Examiner / Investigator contacted / Dans l'affirmative, indiquer en caractères d'imprimerie le nom du médecin légiste ou de l'enquêteur médical contacté: R. WHITE

CERTIFICATION OF DISTRICT REGISTRAR / ATTESTATION DU REGISTRAIRE DE DISTRICT
PLEASE NOTE: BURIAL OR OTHER DISPOSITION CANNOT OCCUR BEFORE MEDICAL CERTIFICATE IS COMPLETED. / À NOTER : L'INHUMATION OU LES AUTRES ARRANGEMENTS RELATIFS À LA DÉPOUILLE NE PEUVENT AVOIR LIEU AVANT QUE LE CERTIFICAT MÉDICAL NE SOIT REMPLI.
If no Medical Certificate of Death was completed at the above stated time (per 29 A), please state when the funeral director was notified. / Si le certificat médical de décès n'est pas rempli à l'heure susmentionnée (29 A), indiquer à quel moment l'entrepreneur de pompes funèbres a été avisé.
Date: June 2, 1991 — Time / Heure: 2 p.m.
Name of individual filling out this declaration (in capitals or stamp) / Nom de la personne remplissant la présente déclaration (en caractères d'imprimerie ou timbre): D. JONES
If Medical Certificate of Death was not completed within 48 hours of the death pursuant to Sec. 17(1) of "Vital Statistics Act", give name of Medical Examiner / Investigator contacted. / Si le certificat médical de décès n'est pas rempli dans les 48 heures qui suivent le décès en vertu du paragraphe 17(1) de la Loi sur les statistiques relatives à l'état civil, donner le nom du médecin légiste ou de l'enquêteur médical consulté.
June 2, 1991 (Month / Mois; Day / Jour; Year / Année) — M. Green (Signature of District Registrar / Signature du registraire de district) — (District Reg. No. / Nº du district)

Form 5 / Formule Nº 5 — MS-8823 (Rev. 91) — 2 VITAL STATISTICS/ETAT CIVIL

DO NOT WRITE IN SHADED AREAS / NE PAS ÉCRIRE DANS LES SECTIONS OMBRÉES
THIS IS A PERMANENT LEGAL RECORD / CECI EST UN ACTE AUTHENTIQUE DEFINITIF

BURIAL PERMIT

The Act provides that no person shall bury or otherwise dispose of a body without a burial permit.

The funeral director (or that District Registrar acting as the funeral director) shall prepare the four-part Burial Permit form to allow for the legal transportation and disposition of a body.

Copy 1 (white): is to be retained by the Funeral Director.

Copy 2 (yellow): is to be retained by the Clergy.

Copy 3 (pink) and Copy 4 (green): is to be given to the Cemetery Manager.

NOTE: The cemetery manager must complete the bottom portion of Copy 3 and 4 by indicating:

- the date of burial or cremation
- cemetery name
- signature.

Copy 4 (green) should be submitted to Vital Statistics along with a Cemetery Return on a monthly basis.

Burial Permit
(UNDER SECTION 17 OF THE VITAL STATISTICS ACT)
Permis d'inhumer
(EN VERTU DE L'ARTICLE 17 DE LA LOI SUR LES STATISTIQUES DE L'ETAT CIVIL)

Manitoba Family Services Vital Statistics
254 Portage Avenue Winnipeg Manitoba R3C 0B6

Services à la famille Manitoba Etat civil
254 avenue Portage Winnipeg Manitoba R3C 0B6

Name/Nom	Age/Âge
Place of Death/ Lieu du décès	Date of Death/ Date du décès
Place of Registration/ Lieu d'enregistrement	Date/Date

Permission for interment, cremation, removal or shipment granted to
Permission d'inhumer, d'incinérer, de déplacer ou de transporter le corps accordée à

Name/Nom
Address Adresse

District Registrar Registraire de district

1. Funeral Director Copy/
1. Copie de l'entrepreneur de pompes funèbres

MS-999 (Rev. 90)

TRANSPORTATION OF DECEASED FOR OUT-OF-PROVINCE DISPOSITION

In addition to a Burial Permit, the cause of death is required for the disposition of a body outside the province. The funeral director contacts the applicable health facility or physician for the cause of death. Where a medical examiner's case is involved, no removal of the body from the province may occur without the approval of a medical examiner or an investigator.

The funeral director's requests should be accommodated as quickly as possible by providing:

1. The original of Part II of the Registration of Death form (Medical Certificate of Death); or

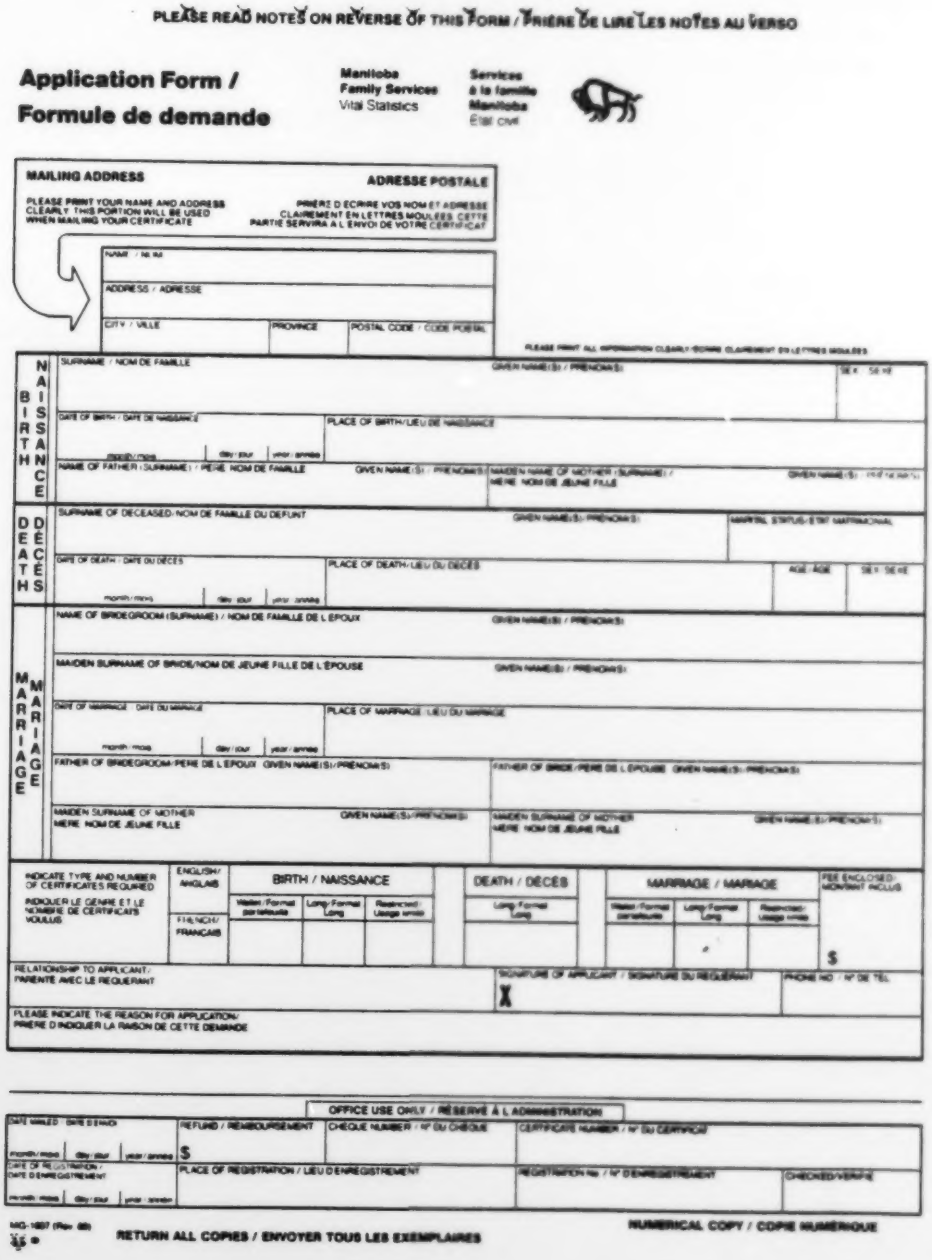
2. A written, signed statement from the health facility or physician giving the cause of death.

Disposition of a Body in Manitoba When Death Occurred Outside the Province:

The Act requires that the District Registrar (funeral director) shall immediately deliver a copy of the Medical Certificate stating the cause of death to the medical examiner of that area for authorization to proceed with the burial.

APPLICATIONS FOR CERTIFICATES OF DEATH

As a service to clients, funeral directors are encouraged to submit an application for Certificate(s) of Death along with the prescribed fee at the same time Part I of the Registration of Death form is forwarded to Vital Statistics. Requests for certificates will receive immediate attention.



PLEASE READ NOTES ON REVERSE OF THIS FORM / PRIÈRE DE LIRE LES NOTES AU VERSO

Application Form /
Formule de demande

Manitoba Family Services / Vital Statistics
Services à la famille Manitoba / État civil

MAILING ADDRESS / ADRESSE POSTALE

PLEASE PRINT YOUR NAME AND ADDRESS CLEARLY. THIS PORTION WILL BE USED WHEN MAILING YOUR CERTIFICATE
PRIÈRE D'ÉCRIRE VOS NOM ET ADRESSE CLAIREMENT EN LETTRES MOULÉES. CETTE PARTIE SERVIRA À L'ENVOI DE VOTRE CERTIFICAT

NAME / NOM
ADDRESS / ADRESSE
CITY / VILLE | PROVINCE | POSTAL CODE / CODE POSTAL

PLEASE PRINT ALL INFORMATION CLEARLY / ÉCRIRE CLAIREMENT EN LETTRES MOULÉES

BIRTH / NAISSANCE
SURNAME / NOM DE FAMILLE | GIVEN NAME(S) / PRÉNOM(S) | SEX / SEXE
DATE OF BIRTH / DATE DE NAISSANCE (month/mois, day/jour, year/année) | PLACE OF BIRTH / LIEU DE NAISSANCE
NAME OF FATHER / SURNAME / PÈRE NOM DE FAMILLE | GIVEN NAME(S) / PRÉNOM(S) | MAIDEN NAME OF MOTHER / SURNAME / MÈRE NOM DE JEUNE FILLE | GIVEN NAME(S) / PRÉNOM(S)

DEATH / DÉCÈS
SURNAME OF DECEASED / NOM DE FAMILLE DU DÉFUNT | GIVEN NAME(S) / PRÉNOM(S) | MARITAL STATUS / ÉTAT MATRIMONIAL
DATE OF DEATH / DATE DU DÉCÈS (month/mois, day/jour, year/année) | PLACE OF DEATH / LIEU DU DÉCÈS | AGE / ÂGE | SEX / SEXE

MARRIAGE / MARIAGE
NAME OF BRIDEGROOM (SURNAME) / NOM DE FAMILLE DE L'ÉPOUX | GIVEN NAME(S) / PRÉNOM(S)
MAIDEN SURNAME OF BRIDE / NOM DE JEUNE FILLE DE L'ÉPOUSE | GIVEN NAME(S) / PRÉNOM(S)
DATE OF MARRIAGE / DATE DU MARIAGE (month/mois, day/jour, year/année) | PLACE OF MARRIAGE / LIEU DU MARIAGE
FATHER OF BRIDEGROOM / PÈRE DE L'ÉPOUX GIVEN NAME(S) / PRÉNOM(S) | FATHER OF BRIDE / PÈRE DE L'ÉPOUSE GIVEN NAME(S) / PRÉNOM(S)
MAIDEN SURNAME OF MOTHER / MÈRE NOM DE JEUNE FILLE | GIVEN NAME(S) / PRÉNOM(S) | MAIDEN SURNAME OF MOTHER / MÈRE NOM DE JEUNE FILLE | GIVEN NAME(S) / PRÉNOM(S)

INDICATE TYPE AND NUMBER OF CERTIFICATES REQUIRED / INDIQUER LE GENRE ET LE NOMBRE DE CERTIFICATS VOULUS

	BIRTH / NAISSANCE			DEATH / DÉCÈS	MARRIAGE / MARIAGE			FEE ENCLOSED / MONTANT INCLUS
ENGLISH / ANGLAIS	Wallet / Format portefeuille	Long Format / Long	Restricted / Usage limité	Long Format / Long	Wallet / Format portefeuille	Long Format / Long	Restricted / Usage limité	$
FRENCH / FRANÇAIS								

RELATIONSHIP TO APPLICANT / PARENTÉ AVEC LE REQUÉRANT
SIGNATURE OF APPLICANT / SIGNATURE DU REQUÉRANT X
PHONE NO / N° DE TÉL
PLEASE INDICATE THE REASON FOR APPLICATION / PRIÈRE D'INDIQUER LA RAISON DE CETTE DEMANDE

OFFICE USE ONLY / RÉSERVÉ À L'ADMINISTRATION

DATE MAILED / DATE D'ENVOI (month/mois, day/jour, year/année) | REFUND / REMBOURSEMENT $ | CHEQUE NUMBER / N° DU CHÈQUE | CERTIFICATE NUMBER / N° DU CERTIFICAT
DATE OF REGISTRATION / DATE D'ENREGISTREMENT (month/mois, day/jour, year/année) | PLACE OF REGISTRATION / LIEU D'ENREGISTREMENT | REGISTRATION No / N° D'ENREGISTREMENT | CHECKED / VÉRIFIÉ

MO-1657 (Rev. 88)
RETURN ALL COPIES / ENVOYER TOUS LES EXEMPLAIRES
NUMERICAL COPY / COPIE NUMÉRIQUE

ORDER FORM

All forms and return envelopes for Registration of Death are provided free of charge by Vital Statistics. Please use an order form to request the supplies you require. Your requests will receive immediate attention.

Requisition for Vital Statistics Forms
Demande de Formules de l'État Civil

Manitoba Family Services / Vital Statistics
Services à la famille Manitoba / État civil

Quantity / Quantité	Form Name / Titre de la Formule	Form No. / Nº de la Formule
	Registration of Birth Bulletin d'enregistrement de naissance	MG-8031
	Registration of Death Bulletin d'enregistrement de décès	MG-8033
	Registration of Stillbirth Bulletin d'enregistrement de mortinaissance	MG-12194
	Cemetery Return Rapport concernant les inhumations	MG-530
	Burial Permit Permis d'inhumation	MG-906
	Joint Request Demande conjointe des parents	MG-4363
	Statutory Declaration of a Married Woman Declaration solennelle d'une femme mariée	MG-11460
	Hyphenated/Combined Name Request Demande d'enregistrement d'un nom composé	MG-11459
	Application for Certificate/Search Demande de certificat ou de recherche	MG-1607
	Guide for Registering Births Enregistrement de naissance — Guide	—
	Guide for Registering Deaths Enregistrement de décès — Guide	—
	Prepaid envelope 24 cm X 10.5 cm Enveloppe affranchie 24 cm x 10.5 cm	—
	Prepaid envelope 38 cm X 24 cm Enveloppe affranchie 38 cm x 24 cm	—

Name of District Registrar / Nom du registraire de district

Registration No. / Nº d'enregistrement

Phone No. / Nº de téléphone

Full Mailing Address (Include Postal Code) / Adresse postale complète (Inclure le code postal)

THIS FORM TO BE RETURNED TO: VITAL STATISTICS, 254 PORTAGE AVENUE, WINNIPEG, MANITOBA R3C 3B6
PRIÈRE DE RETOURNER CE FORMULAIRE À L'ÉTAT CIVIL, 254 AVENUE PORTAGE, WINNIPEG, MANITOBA R3C 3B6

MG-2256 (Rev. 86)